

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AL</i>		<i>2-04-01</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>12-1-01</i>
FORMALITY REVIEW	<i>H-S</i>	<i>566</i>	<i>91-23-02</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>67</i>
2	<i>35</i>
3	<i>28</i>
4	<i>03</i>
5	<i>N</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

*30-571*  
*01/23/02*